



MEDI-CAL UPDATE

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www.medi-cal.ca.gov

Pharmacy Bulletin 641

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Medi-Cal List of Contract Drugs

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs*, *Drugs: Contract Drugs List Part 4 – Therapeutic Classifications Drugs* and *Drugs: Contract Drugs List Part 7 – Preferred Prior Authorization Drug List*.

Additions, effective November 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* ASPIRIN/EXTENDED-RELEASE DIPYRIDAMOLE		
Capsules	25/200 mg	ea
* Restricted to use in individuals who have had transient ischemia of the brain and have failed on aspirin therapy, or completed ischemic stroke due to thrombosis.		
RAMELTEON		
* Tablets	8 mg	ea
* Restricted to a maximum dispensing quantity of thirty (30) tablets and a maximum of three (3) dispensing in any seventy-five (75) day period.		

Changes, effective November 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* ETANERCEPT		
Injection kit	25 mg	ea
Injection, prefilled syringe	50 mg/0.98 cc	cc
<u>Injection, SURECLICK syringe</u>	<u>50 mg/0.98 cc</u>	<u>cc</u>
* Preferred prior authorization injectable biologic response modifier for the treatment of rheumatoid arthritis.		
* MELOXICAM		
Tablets	7.5 mg	ea
	15 mg	ea
* Restricted to arthritis.		
Note: Subject to Step Therapy edits. See <i>Drugs: Contract Drugs List Part 8 – Step Therapy</i> for more information.		
(NDC labeler code 00597 [BOEHRINGER INGELHEIM PHARMACEUTICALS])		

Please see **Contract Drugs**, page 3

EDS/MEDI-CAL HOTLINES

Border Providers(916) 636-1200
CDHS Medi-Cal Fraud Hotline1-800-822-6222
Telephone Service Center (TSC)1-800-541-5555
Provider Telecommunications Network (PTN).....1-800-786-4346

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



***OPT OUT** is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt-out” of receiving this same information on paper, through standard mail. To download the OPT-OUT enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the “Learn how...” OPT OUT link on the right side of the home page.*

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD

IS AGAINST THE LAW

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.**

**CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222**

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (continued)

Changes, effective November 1, 2006

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
MORPHINE SULFATE		
Injection		cc
* Capsules, extended release	30 mg	ea
	60 mg	ea
	90 mg	ea
	120 mg	ea
* Restricted to a maximum of 90 capsules per dispensing and a maximum of three dispensings of any strength in a 75-day period for claims submitted with dates of service from December 1, 2003, through September 30, 2005.		
* Capsules, sustained release	20 mg	ea
	30 mg	ea
	50 mg	ea
	60 mg	ea
	100 mg	ea
* Restricted to a maximum of 90 capsules per dispensing and a maximum of three dispensings of any strength in a 75-day period. Exceptions to this restriction require prior authorization. (NDC labeler code 63857 [Faulding Laboratories or Alpharma Branded Products Division, Inc.] only.)		
* Tablets	10 mg	ea
	15 mg	ea
	30 mg	ea
* Restricted to a maximum of 90 capsules per dispensing and a maximum of three dispensings of any strength in a 75-day period. Exceptions to this restriction require prior authorization.		
* OXICONAZOLE NITRATE		
* Cream	1 %	15 Gm Gm
		30 Gm Gm
		60 Gm Gm
* Restricted to claims submitted with dates of service through March 31, 2006.		
Lotion	1 %	30 cc
* Restricted to claims submitted from May 1, 2000 through March 31, 2006.		
* (NDC labeler code 00462 [PHARMADERM].)		

Change, effective January 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* FLUCONAZOLE		
Injection	2 mg/cc	100 cc (saline) cc
		200 cc (saline) cc
		100 cc (dextrose) cc
		200 cc (dextrose) cc
Tablets	50 mg	ea
	100 mg	ea
	150 mg	ea
	200 mg	ea
* Restricted to use in cancer patients and in patients with Human Immunodeficiency Virus (HIV) infection.		
(NDC labeler code 00049 [Pfizer-Roerig or Pfizer Inc.] injection and 150 mg tablets only.)		

These updates are reflected on manual replacement pages drugs cdl p1a 11 (Part 2), drugs cdl p1b 12, 44 and 54 (Part 2), drugs cdl p1c 12 and 33 (Part 2), drugs cdl p4 11 and 17 (Part 2) and drugs cdl p7 1 (Part 2).

FUL List Updates

The *Drugs: MAIC and FUL List* section has been updated with the *Federal Upper Limit (FUL)* list changes as noted below:

Additions, effective October 27, 2006

Drug	Strength	FUL	<u>Billing Unit</u>
Alprazolam			
Tablets, Extended Release, Oral	0.5 mg	\$1.9343	ea
	1 mg	2.4065	ea
	2 mg	3.1940	ea
	3 mg	4.7907	ea
Bethanechol Chloride			
Tablets, Oral	5 mg	0.4889	ea
	10 mg	0.9171	ea
	25 mg	1.7079	ea
	50 mg	1.9565	ea
Cefprozil			
Suspension, Oral	125 mg/5 cc	0.4080	cc
	250 mg/5 cc	0.7394	cc
Citalopram Hydrobromide			
Solution, Oral	EQ 10 mg Base/5 cc	0.4231	cc
Clomiphene Citrate			
Tablets, Oral	50 mg	3.5500	ea
Meloxicam			
Tablets, Oral	7.5 mg	0.2100	ea
	15 mg	0.2850	ea
Minocycline Hydrochloride			
Capsules, Oral	75 mg	1.9575	ea
Theophylline			
Tablets, Extended Release	200 mg	0.2160	ea
Oral	300 mg	0.2625	ea

Increases, effective October 27, 2006

Drug	Strength	MAIC	FUL	Billing Unit
Primidone				
Tablets, Oral	250 mg		\$0.8055	ea
Trimethoprim, Sulfamethoxazole				
Tablets, Oral	160 mg/ 800 mg	0.1722	0.3788	ea

These changes are reflected on manual replacement pages drugs maic ful 3, 7, 8, 10, 11, 25, 27, 32, 35 and 37 (Part 2).

Authorized Drug Manufacturer Labeler Codes Update

The *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section has been updated as follows.

Addition, effective April 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
13548	CLORIA LABORATORIES, LTD

Additions, effective July 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
11528	CENTRIX PHARMACEUTICAL, INC.
14508	SUN PHARMACEUTICAL INDUSTRIES, INC.
15584	BRISTOL-MEYERS SQUIBB AND GILEAD SCIENCES, LLC
16249	INSMED, INC.
16477	LASER PHARMACEUTICALS, INC.
16781	ONSET THERAPEUTICS
62559	ANIP ACQUISITION COMPANY
62756	SUN PHARMACEUTICAL INDUSTRIES, LTD.
67159	CV THERAPEUTICS, INC. (CVT)

Additions, effective October 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
00276	MISEMER PHARMACEUTICAL, INC.
15370	CARWIN ASSOCIATED, INC.
15821	FOCUS LABORATORIES, INC.
16103	PHARBEST PHARMACEUTICALS, INC.
16252	COBALT LABORATORIES, INC.
16881	DESTON THERAPEUTICS, LLC
16887	VERNALIS PHARMACEUTICALS, INC.
18011	ZERXIS PHARMA, LLC
18754	A. AARONS, INC.
20694	MYOGEN, INC.
50201	TOWER LABORATORIES LTD.
61480	PLYMOUTH PHARMACEUTICALS, INC.
64720	COREPHARMA, LLC
68546	TEVA NEUROSCIENCE, INC.
68716	KVD PHARMA, INC.

Reinstatement, effective July 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
59746	JUBILANT PHARMA, INC.

Reinstatements, effective October 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
15127	SELECT BRANDS DISTRIBUTORS
45809	SHIONOGI USA, INC.
60575	RESPA PHARMACEUTICALS, INC.

Please see Labeler Codes, page 6

Labeler Codes (*continued*)**Terminations, effective July 1, 2006**

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
15020	GSP COMPANY
15310	CREEKWOOD PHARMACEUTICAL, INC.
15704	HAMPTON-LAINE, LLC
17236	R & S NORTHEAST
38779	MEDISCA, INC.
54807	R.I.D., INC.
55053	ECONOLAB
55953	NOVOPHARM USA, INC.
66814	WORLD GEN LLC

Terminations, effective October 1, 2006

<u>NDC Labeler Code</u>	<u>Contracting Company's Name</u>
00048	KNOLL PHARMACEUTICAL COMPANY
13863	FORUM PRODUCTS INC.
62294	DIHOMA CHEMICAL & MANUFACTURING CORPORATION

These updates are reflected on manual replacement pages drugs cdl p5 2, 4, 6 thru 9 and 11 thru 15 (Part 2).

Disposable Gloves Billing Update

The California Department of Health Services (CDHS) has negotiated new contracts with manufacturers of disposable gloves and, effective for dates of service on or after February 1, 2007, will change the way providers bill for disposable gloves.

Effective for dates of service on or after February 1, 2007, providers must bill disposable gloves with the billing codes noted on pages 24 through 37 of the *Medical Supplies List 1 (A through G)* section. All other manufacturer's products not included in a contract will no longer be a benefit of the Medi-Cal program. Providers who obtained *Treatment Authorization Requests* (TAR) prior to February 1, 2007 for non-contracted items will be allowed to continue billing these items until their TAR is exhausted.

Effective for dates of service on or after November 1, 2006, providers may begin purchasing disposable gloves at the new Medi-Cal Maximum Acquisition Cost (MAC). Providers should bill these contracted products using the current payment method, using billing codes 9911A or 9911B.

During the three-month transition period between dates of service of November 1, 2006 and January 31, 2007, providers may also bill any non-contracted products using the current payment method.

The existing restriction of no more than 200 gloves in a 27-day period, per recipient, without prior authorization, and the limit of 100 per prescription, remain unchanged.

Disposable glove addition

Effective for dates of service on or after February 1, 2007, the Cardinal (2N) disposable glove is a Medi-Cal authorized product.

These changes are reflected on manual replacement pages mc sup lst1 24 thru 37 (Part 2).

Prescriber Identification Submission Instructions

Effective for dates of service on or after November 1, 2006, the California Department of Health Services (CDHS) has clarified its instructions for submitting the Prescriber ID on a pharmacy claim. The instructions are as follows:

PRESCRIBER ID Enter the State license number of the prescriber or, if applicable, the license number of the certified nurse-midwife, the nurse practitioner, the physician assistant, the naturopathic doctor, or the pharmacist who function pursuant to a policy, procedure, or protocol as required by *Business and Professions Code* statutes. Do not use the Drug Enforcement Administration Narcotic Registry Number. This information must be entered for your claim to successfully process.

These changes are reflected on manual replacement page cal child bil ph 2, compound comp 8 and pcf30-1 comp 12 (Part 2).

Synagis (Palivizumab) Billing Update

Effective for dates of service on or after September 1, 2006, providers may no longer bill for Synagis (palivizumab) using local codes X7441 (Synagis 50 mg) and X7439 (Synagis 100 mg).

In accordance with the provisions of *Business and Professions Code* (B&P Code), Section 4051, Pharmacy providers who purchase and then dispense Synagis directly to a physician's office or medical clinic for administration in the medical office or clinic setting, or to a Home Health Agency (HHA) for an approved in-home visit, which may include, but not be limited to, Synagis administration, may bill Medi-Cal through the CAL-POS online system, Computer Media Claims (CMC) or paper claims using the drug's National Drug Code (NDC). The physician's office or clinic will continue to bill Medi-Cal separately for the cost of administration of Synagis. The reimbursement for the cost of Synagis administration is included in an HHA visit, so it should not be billed separately.

All claims require an approved *Treatment Authorization Request* (TAR).

- Physicians who purchase Synagis directly for administration may continue to bill with CPT-4 code 90378 (Synagis 50 mg). The administration fee is included in the reimbursement for the drug.
- Providers who meet the criteria for billing Synagis using the drug's NDC must submit TARs to either the Southern Medi-Cal Pharmacy Office by fax at 1-800-869-4325, or the Northern Medi-Cal Pharmacy Office by fax at 1-800-829-4325, as determined by the provider's geographic location.
- *Physician providers billing for Synagis with CPT-4 code 90378 must continue to submit TARs to the Los Angeles Medi-Cal Field Office by fax at 1-866-816-4377.*

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Remove: cal child bil ph 1 thru 3

Insert: cal child bil ph 1 thru 4

Remove and replace: compound comp 7/8
drugs cdl p1a 11/12
drugs cdl p1b 11/12, 43/44 and 53/54
drugs cdl p1c 11/12 and 33/34
drugs cdl p4 11/12 and 17/18
drugs cdl p5 1 thru 15
drugs cdl p7 1
drugs maic ful 3/4, 7 thru 12, 25 thru 28, 31/32 and 35 thru 38

Remove: mc sup lst1 23/24

Insert: mc sup lst1 23 thru 37

Remove and replace: mc sup man cd 3/4 *
pcf30-1 comp 11/12

* Pages updated due to ongoing provider manual revisions.